



**E L N E C**

*End-of-Life Nursing Education Consortium*

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**Core Curriculum**

**Pain Management**  
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# Pain Is...

- “An unpleasant sensory and emotional experience associated with actual or potential tissue damage”

[www.iasp-pain.org/terms](http://www.iasp-pain.org/terms)

- “What the person says it is...”

Pasero & McCaffery, 2010

# Barriers to Pain Relief

- Importance of discussing barriers
- Specific barriers
  - Professionals
  - Health care systems
  - Patients/families

Miaskowski et al, 2005; Paice, 2010;  
Pasero & McCaffery, 2010

# Pain Assessment

- Pain history
- Pain terms
- Acute vs. chronic

Fink & Gates, 2010

# Pain History

- Location
- Intensity
- Quality
- Temporal pattern



# Pain History

- Aggravating/alleviating factors
- Medication history (recent and distant)
- Meaning of pain
- Cultural factors

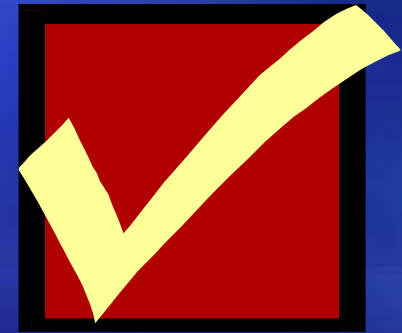
# Physical Examination

- Observation
- Palpation
- Auscultation
- Percussion



# Reassess

- **Changes in pain**
- **Assess pain relief**
- **Make pain visible**





# Patients at Risk for Undertreatment

- Children and older adults
- Non-verbal or cognitively impaired
- Patients who deny pain
- Non-English speaking
- Different cultures
- History of addictive disease

# Communicating Assessment Findings

- Communication improves pain management
- Describe intensity, limitations, and response to treatments
- Documentation

Gordon et al., 2005; Pasero & McCaffery, 2010

# Definitions

- Tolerance
- Physiologic dependence
- Psychological dependence
- Double effect

AAPM, APS & ASAM, 2001

# Pharmacological Therapies

- Nonopioids
- Opioids
- Adjuvants

APS, 2008;  
Pasero & McCaffery, 2010

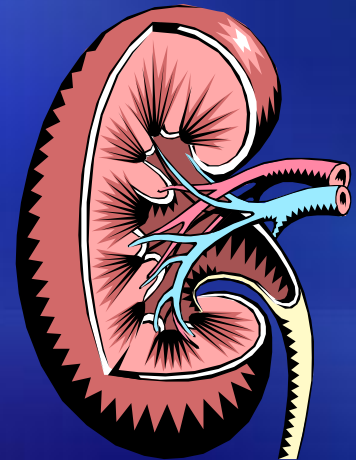
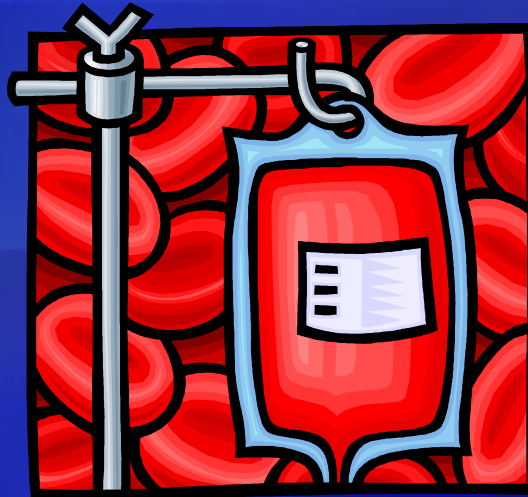
# Nonopioids

- Acetaminophen
- NSAIDs

Miaskowski et al., 2005; Paice, 2010;  
Pasero & McCaffery, 2010

# Nonopioids: NSAIDs

## Adverse Effects





# Opioids

- **Mechanisms of action**
- **Adverse effects**

# Opioids: Adverse Effects

- Respiratory depression
- Constipation
- Sedation
- Urinary retention
- Nausea/vomiting
- Pruritus



# Adjuvant Analgesics

- Antidepressants
- Anticonvulsants
- Local anesthetics
- Corticosteroids

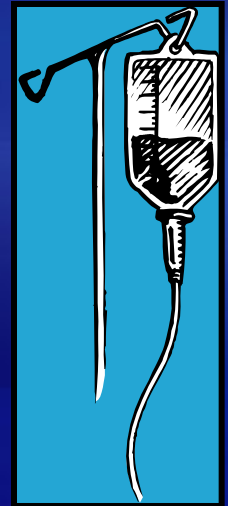
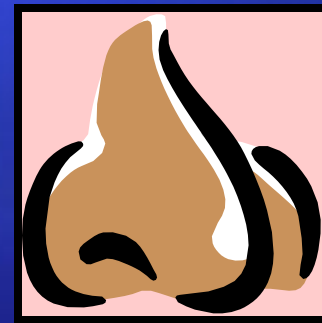
# Routes of Administration

- Oral
- Mucosal
- Rectal
- Transdermal
- Topical



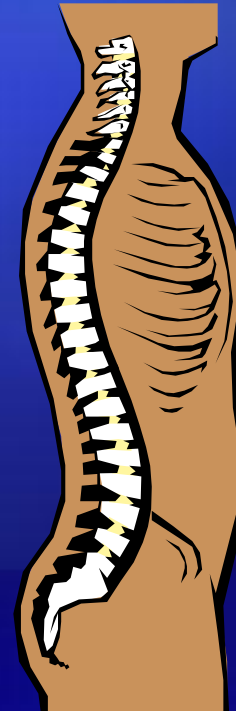
# Routes of Administration (cont.)

- Parenteral
  - Intravenous
  - Subcutaneous
  - Intramuscular
- Nasal



# Routes of Administration (cont.)

- **Spinal**
  - Epidural
  - Intrathecal



# Nebulized and Sublingual Opioids

- Nebulized opioids provide no advantage over other routes of administration for dyspnea or pain
- Sublingual morphine – only 18% absorbed through sublingual mucosa
- Sublingual absorption of other agents:
  - Fentanyl 51%
  - Buprenorphine 55%
  - Methadone 34%
  - Oxycodone 16%

Coyne, 2003; Dudgeon, 2010;  
Gordon & Weissman, 2005;  
Jennings et al., 2001

# WHO 3 Step Analgesic Ladder Pain Management

**Step 1: Mild pain**

**Step 2: Moderate pain**

**Step 3: Severe pain**



# Principles: Prevent and Treat Side Effects

- Anticipate
- Prevent
- Treat

# Principles: Long Acting Medications

- Sustained release medications
- Immediate release for breakthrough pain
- Distinguish types of breakthrough pain



# Principles of Equianalgesia

- Determine equal doses when changing drugs or routes of administration
- Reduce by 25% when changing drugs
- Use of morphine equivalents

# Principles: Use of Opioid Rotation

- Use when one opioid is ineffective even with adequate titration
- Use when adverse effects are unmanageable

# Other Issues

- Polypharmacy
- Cost
- Compounding

# Interventional Therapies

- Neurolytic blocks
- Neuroablative procedures
- Vertebroplasty/kyphoplasty

Furlan et al., 2001;  
Mathis et al., 2001; Swarm et al., 2010

# Non-Pharmacologic Techniques

- **Cognitive - behavioral therapies**
  - Relaxation
  - Imagery
  - Distraction
  - Support groups
  - Pastoral counseling

# Non-Pharmacologic Techniques (cont.)

- Physical measures (heat, cold, massage)
- Complementary therapies

Ernst, 2004; Kravitz & Berenson, 2010;  
Kravits & Berenson, 2010;  
Smith et al., 2002

# Conclusion

- Pain relief is contingent on adequate assessment and use of both drug and non-drug therapies
- Pain extends beyond physical causes to other causes of suffering and existential distress
- Interdisciplinary care

# Nursing Roles

- Direct clinical care
- Patient/family teaching
- Education of colleagues
- Identify system barriers





*Freedom*

Rose 05